

SECRET
(When Filled In)

REQUEST FOR PAYMENT AND POSTING VOUCHER										VOUCHER NO. - DATE 2-12	
TO : Accounts Division (Room)		Bldg.)								DIVISION VOUCHER NO. 24 May 67 6820	
THROUGH: Monetary Division (Room)		Bldg.)									
Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office.											
SUBJECT								INVOICE NO(S). 15 + Supp Payment to #10			
PAYMENT TO Sanders Associates Incorporated								CONTRACT NO. NH-8420			
AMOUNT \$ 751.27								CHECK TO BE DATED			
CASH PAYMENT		<input checked="" type="checkbox"/> U.S. TREASURY CHECK		AGENT CASHIER CHECK		BANK CASHIER'S CHECK					
THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW.											
I HEREBY AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$ OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF.											
DATE		SIGNATURE OF PAYEE		DATE		SIGNATURE OF AGENT		DATE		SIGNATURE OF RECIPIENT	
DESCRIPTION - ALL OTHER ACCOUNTS 13 - 33		34 - 39 STATION CODE		40 - 41 E. X. C. P. O. E. N. E. D.		42 - 47 OBLIG. REF. NO. ADVANCE ACCT. NO. EMP. NO.		48 - 49 PAY. PER. LIQ. CODE		50 - 54 CA OR C O S T Y. R. GENERAL LEDGER ACCT. NO.	
ADVANCE ACCOUNTS 13 - 27		28 - 33 SHIP. DOC. NO. 32-33 DIV.		REC. RPT. NO. PROJECT NO.		55 - 66 ALLOT. - COST - FAN ACCOUNT SYMBOL		67 - 70 OBJECT CLASS		71 - 80 AMOUNT	
								61 - 66 CK. NO. X REF. NO.		68 - 70 DUE DATE	
Sanders				88		008420		1601.00		60-1123-6000 2540	
Sanders								138.0		751.27	
										751.27	
original - addressee 1 - contract NH-8420 (post) 1 - Voucher											
TOTALS										751.27 751.27	
DATE 5-24-67		DATE		REVIEWED BY		DATE 24 May 67		CERTIFIED FOR PAYMENT OR CREDIT			

Standard Form No. 1034
7 GAO 5C90
1034-110-04

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE NAVY		DATE VOUCHER PREPARED MAY 22, 1967		VOUCHER NUMBER 15	
		CONTRACT NUMBER AND DATE NH 8420		GBM	
		REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS SANDERS ASSOCIATES, INC. P.O. BOX 860 CHURCH STREET STATION NEW YORK, NEW YORK		DATE INVOICE RECEIVED			
		DISCOUNT TERMS			
		PAYEE'S ACCOUNT NUMBER			
		GOVERNMENT B/L NUMBER			
SHIPPED FROM		TO		WEIGHT	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE COST PER	AMOUNT <small>(1)</small>
		FORWARD FROM ANALYSIS OF COSTS SUPPLEMENT INVOICE NO. 1XFR-AX-N189 COMPLETION VOUCHER COST REIMBURSABLE			\$638.82 <i>Plus amt withheld on Invoice No. #10</i> <i>112.45</i> <i>751.27</i>
(Use continuation sheet(s) if necessary)				TOTAL	
				\$638.82	
PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY: _____ TITLE: _____		EXCHANGE RATE = \$1.00 DIFFERENCES: _____	
				Amount verified; correct for <i>751.27</i> (Signature or initials)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.					
(Date)		(Authorized Certifying Officer) ²		(Title)	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)					
STAT	Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Cont. or Subauth'n Ac
				<i>24 May 67</i>	
				(Date)	
STAT				<i>24 May 67</i>	
I.R. No's.					
PAID BY	CHECK NUMBER			ON TREASURER OF THE UNITED STATES	
	CASH			DATE	
	CHECK NUMBER			ON (Name of bank)	
	PAYEE				

- ¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.

PER

TITLE



sanders associates, inc.
nashua, new hampshire

ANALYSIS OF COSTS SUPPLEMENT

PUBLIC
VOUCHER NUMBER 15

U.S. DEPARTMENT OF THE NAVY		CONTRACT NUMBER NH 8420	
GROSS COSTS INCURRED AND FEE EARNED		CURRENT CLAIM	CUM. TO DATE
MATERIAL, SUBCONTRACTING, PLANT EQUIPMENT, ETC.	MATERIAL FOR END PRODUCT	\$	\$ 38,182.63
	SPECIAL TOOLING		
	OTHER MATERIAL		
	SUBCONTRACTORS COST		
	PLANT EQUIPMENT		
	MINOR EQUIPMENT		
	TOTAL DIRECT MATERIAL	\$	\$ 38,182.63
DIRECT LABOR	MATERIAL HANDLING OVERHEAD	16.27	1,623.27
	ENGINEERING		27,432.51
	SUB-ASSEMBLY & ASSEMBLY	(29.18)	96.82
	FABRICATION		
	PRODUCT SUPPORT		
LABOR OVERHEAD	FIELD ENGINEERING		
	ENGINEERING	(1,216.61)	29,987.53
	SUB-ASSEMBLY & ASSEMBLY	(47.00)	104.86
	FABRICATION		
OVERTIME PREMIUM			547.47
TRANSPORTATION OF THINGS			
OTHER DIRECT CHARGES (TRAVEL, COMMUNICATION, ETC.)		\$	\$ 2,364.31
TOTAL PRODUCT COST		(1,276.52)	100,339.40
GENERAL AND ADMINISTRATIVE EXPENSE		\$ (445.44)	\$ 5,821.87
TOTAL PRODUCT COST AND G & A		(1,721.96)	106,161.27
FIXED-FEE EARNED (%)		1,477.55	10,600.00
TOTAL AMOUNTS CLAIMED		\$ (244.41)	\$ 116,761.27
CONTRACT RESERVES AND ADJUSTMENTS	PLUS EXCESS COST WITHHELD	883.23	
ADJUSTED AMOUNTS CLAIMED	NET - RESERVE AND ADJUSTMENTS	\$ 883.23	\$
	CURRENT AND AND CUMULATIVE COSTS	(838.73)	106,161.27
	FIXED FEE	1,477.55	10,600.00
	TOTAL	638.82	116,761.27

~~CONTRACTOR'S CERTIFICATE~~

I CERTIFY THAT THE ABOVE BILL IS
CORRECT AND JUST, AND THAT
PAYMENT THEREFORE HAS NOT
BEEN RECEIVED.

SANDERS ASSOCIATES, INC.

CONTRACT VALUE

TARGET/ESTIMATED COSTS \$ 107,000.00
TARGET/FIXED FEE 10,600.00
TOTAL \$ 117,600.00

STAT
85% FIXED FEE

\$